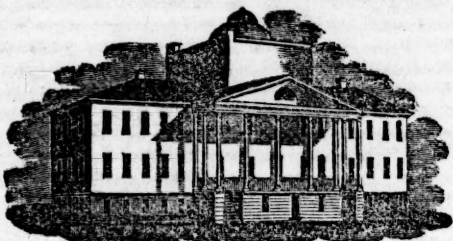


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I.

Case of Asthma Infantum, or Intermitent Dyspnœa, with structural Disease of the Bronchial Glands, &c.

Communicated for the Boston Medical and Surgical Journal,

By C. H. SNOW, M.D.

THE patient, a little boy, five years and nine months old, died after having been subject for about four weeks to a daily paroxysm of dyspnœa. The first paroxysm of alarming violence occurred on the 11th of October, 1828. He had had, for the six weeks previous to that date, a troublesome cough, mostly dry, but from the spells of which he would generally be relieved by a very slight expectoration. There was not the vomiting of food, usual in pertussis, nor any distinct whoop; yet the disease progressed without exciting the fears of the patient's friends, who regarded it as the commencement of

whooping or chin cough, and expected it of course to continue six or seven weeks longer.

The paroxysm of the 11th of October was the first occasion of my seeing him, for this complaint. It had continued longer than common and with more severity, but before my arrival he had partially recovered. There was, however, considerable difficulty of breathing, such as I have witnessed after a fit, in cases of pertussis. An emetic of powdered ipecacuanha was administered, which operated slowly, but with evident relief. To secure an evacuation of the bowels, a cathartic pill was directed at that time, and in case of a recurrence of the fit, an emetic draught was advised to be given without delay.

I was not called again to him till after the lapse of eighteen days, during which I learnt that he had frequent paroxysms of more or less severity, but none so violent as that with which he

was now, (Oct. 29th,) seized. This commenced about seven o'clock in the morning: the emetic draught had been given him with partial relief, bringing nothing however from the lungs except a very little frothy mucus. An expectorating mixture was now advised to be taken regularly at short intervals, but it had no effect to produce any discharge. A purgative pill was also given every night, which moved the bowels gently.

The patient continued for the nine succeeding days to have a paroxysm every morning between the hours of three and seven o'clock. It would commence immediately on his waking and being taken out of bed. An evacuation from the bowels always took place during the paroxysm. The dyspnoea, from being almost suffocative, would gradually become less, with a slight rattling, and pass off in about an hour. During its continuance the child would complain of pain, which he referred to the pit of the stomach, and he was usually relieved by the eructation of wind. When the fit had passed off, he became almost perfectly easy and betook himself to his plays as if nothing had happened. His movements, however, were not so sportive as those of children of his age, and there would frequently be heard a wheezing of the breath, though without any struggle. His appetite was moderate. Up to this time there was no special change in the state of the pulse; a little quickness, with some increase in number, was probably all the deviation from the healthy standard. There was not any complaint respecting the head—no disturbance in regard to sleep—no rattling

perceptible till he asked to be raised from his pillow.

The similarity of these paroxysms in their circumstances and duration continued to the 9th of November, when the attack was more violently distressing, and lasted from morning till night, with little cessation. At night he slept, but on the morning of the 10th the fit recurred, and the difficulty of breathing increased through that day and night. On the morning of the 11th the little patient died, after several paroxysms of severe suffering.

It should be observed that in none of these paroxysms was there any rigidity of the muscles of the extremities; the increased action being confined to the head and neck. The head was commonly thrown back as far as possible. The act of inspiration was much more easily effected than that of expiration: this fact is perhaps worthy of remark.

On examination, twenty-nine hours after death, the lungs were found distended, much more than usual; there was a slight adhesion of the pleurae at the lower edge of the left lung; numerous tubercles in the incipient stage were found on the pleura pulmonalis and costalis of the left side—and the same in the body of that lung; all very small, some of them translucent. The quantity of blood in the lungs was considered less than usual; the air was not easily forced from the air-cells.

On the right side, the adhesions were stronger at the upper portion of the lung. In the middle lobe, there was a large tubercular growth, in size almost equal to the heart of the subject. The pleura was drawn so tensely over this mass as strongly to resemble

the pericardium enveloping the heart. The mass consisted of matter of a sebaceous description, no where purulent. The ramifications of the bronchi coursed through it, uninjured. The other portions of the right lung were marked with tubercles of various growth, mostly in a more forward state than those in the left lung.

There was also a morbid enlargement of the bronchial glands to nearly the size of a pullet's egg. They were reduced to the same sebaceous state as the portion of lungs above described. This diseased mass of course involved the primary ramifications of the trachea. The lower portion of the trachea showed some traces of inflammation on its mucous membrane. The heart was much in its normal state, perhaps a little enlarged and the walls of the left ventricle somewhat thickened. In the abdomen, the general appearance was healthy; no alteration of the mesenteric glands was perceptible. A slight inflammation was observed on the mucous coat of the stomach. The spleen was studded with numerous tubercles; the liver was less so; the pleura of the diaphragm considerably so. The texture of the spleen was also unusually firm.

After this detail, it is hardly necessary to observe that the treatment in the case could only have been palliative. The morbid structure must have been the growth of some months, if not of two years, at which period the patient had the influenza, in a very severe form. Since that, his health had been delicate. During the month of May last, it exhibited the common symptoms of remittent fever, which yielded

to the common remedies, so that for three months he appeared mostly free from ailment, until the cough commenced about the 1st of September. Scrofula does not appear to be a disease of the family, though the countenance of this child bore some of its distinguishing marks, and the early precocity of his mind favors the supposition, that a predisposition to that disease lay at the foundation of his complaint.

II.

Strictures on the Diseases of Young Children.—From Lectures delivered at Guy's Hospital,

By Dr. JAMES BLUNDELL.

(Continued from p. 763.)

INFANTS are sometimes born with an umbilical hernia, as large as a full-sized orange, most of the intestines lying forth beyond the abdominal coverings, invested solely by the peritoneum; for it deserves remark, that there is generally, if not always, a very large aperture through the muscles and common teguments in these cases, and through this aperture the hernia pushes. Lowder used to relate a case, in which the hernia, being of middle size, the peritoneum became encased with cicatrix, and an imperfect cure was obtained; but, in general, death is the only effectual remedy in these cases—death, of which we have that instinctive aversion (horror, if you will) necessary to prevent us from deserting the post of life on every slight occasion; but which, after all, in conjunction with generation, becomes an admirable contrivance of creation, whereby structures, unfit for further service, are decomposed,

to be modelled afresh in renewed perfection. The tomb and the womb together constitute a sort of chrysalis. In death we are disorganized—in generation renewed, and the magic of Medea's chaldron is passing continually under our eyes. When we attempt to contemplate death, does not this instinctive horror delude the judgment, and, to our own advantage, magnify the evil? Is it not a part of the design of Nature, that, like some other affections, (love, for example,) this feeling should delude us? Is dissolution really so great an evil as—but I ask pardon for this digression.

Revenons à nos moutons.—When, as very frequently happens, the umbilical hernia is no larger than the tip of the finger, the common teguments, I think, usually cover it, and we may cure the disease either by ligature or pressure. When the chord drops, as usually, a few days after birth, if the navel protrude, we may lay over the front of the abdomen a broad slip of adhesive plaster, so as, in part, to repress the intestine; and then, directly on the navel, may be placed a thin plate of tinfoil, about as broad as a shilling, to be retained in situation by a second adhesive bandage, which, completely surrounding the abdomen, may lie over the first. Once or twice daily the firmness of the apparatus ought to be inspected. When it becomes necessary to change, have every thing in readiness, and, if possible, do not excite screaming when the apparatus is removed, lest the navel should start, and the aperture should be enlarged afresh. If the child grimace, as if about to cry, an assistant should be at hand, to place a finger over the

umbilicus, and to resist the eruption of the hernia; but, unless this eruption be expected, it is better not to touch this part. Umbilical hernia is of slow cure by compression, and, among the lower classes especially, the necessary attention and perseverance may be wanting. In some cases, then, we may find it convenient to attempt the cure of the disease by pushing back the intestine, and closing the sac at its root with a ligature. Great care must be taken not to include the bowel. I am afraid this operation is not unattended with danger, even when the bowel lies clear of the ligature; think well before you have recourse to it. This operation reminds one of the ancient remedy of the empirics; they used to call it the "royal stitch."

Infants may be affected at birth with dropsy of the spinal theca, occurring with variety in the anatomical condition of the parts. Sometimes the dropsy is in the theca wholly; sometimes in the theca and the cranium too; and the dropsies may communicate. The spinal marrow may, I believe, be perfect, or the cauda equina may be more or less deficient; the nerves of the lower limbs and pelvis being formed, nevertheless, in all their perfection, and stretching into the cavity of the spine to terminate, as Burns has justly stated, not in the marrow, but in that part of the theca which lines the corresponding arches of the lumbar vertebræ; the nerves, in fact, originating, or rather coalescing, at the theca of the spine. When the arches and spinous processes of the vertebræ are wanting throughout the chain, so that the spinal canal is completely open

behind from end to end, the spinal marrow is, I suspect, generally deficient altogether ; and, indeed, the disease scarcely belongs to that which I am now considering ; but in spina bifida generally, there is a deficiency on the back of the lumbar vertebræ only, forming a chasm, at which one or two fingers may be passed down into the cavity of the spine ; and above, and perhaps below, to some little extent, the spinous processes separate into two lateral pieces, so as to become forked, whence the disease is frequently denominated spina bifida. "*Dum res manent fugiant verba.*" The appellation is not, perhaps, a good one ; but if we understand one another, the terms may pass. Life is short—our time may be laid out on more important matters. Over the lumbar chasm, we may find the parts in one or two very different conditions ; for sometimes on this part there is a large tumor, bulky as a small orange, covered with a dark rosy red skin, marbled with a leaden livid tint ; and, in other cases, we find upon the chasm a circular brown wrinkled scar, broad as a half crown, and flat. An infant may be born with this tumor lacerated and open. Hydrocephalus, in conjunction with this disease, may become very obvious, in consequence of the enlargement of the cranium, and the widening of the sutures and the fontanels. Mr. Bryant, of Kennington, showed me a fine example of this.

If the medulla spinalis be defective, I presume the case admits of no effectual remedy ; but when this is sound, and the disease is, in other respects, favorable, a cure is not impossible ; and for this, as for some other useful

practical additions to surgery—surely well worth whole volumes of mere musical and well-turned periods—our race is indebted to a man whose name conveys his eulogy,—I mean Sir Astley Cooper. To him, and to my distinguished colleagues, his successors, I must refer you for a fuller exposition of the method of operating ; suffice it to remark, that the tumor is punctured with an instrument like a glover's needle, and day after day, by little and little, the fluid is gradually drawn away ; the aperture being secured, more or less effectually, after every drawing and pressure being kept up by means of bandage, or otherwise. Forty or fifty times, as I learn, it may be necessary to repeat the punctures ; the cyst filling repeatedly, but continually shrinking, till, at length, after a succession of operations, the cyst contracts into a sort of cicatrix lying over the chasm, to be afterwards protected by truss. To open the cyst extensively, and discharge the water at once, is, I believe, highly dangerous. In the course of twenty-four hours, death ensued in a case of this kind, narrated to me by one of my pupils. The tumor was mistaken for abscess. The cases with the brown flat scar are not fit for this operation. In hydrocephalic cases, there is little to be hoped. Infants left to their fate, in this disease, perish after different intervals. They may live for weeks, months, or years. They may even reach to man's estate, always laboring under the disease. If the marrow be defective, the lower parts of the body may be defective in feeling. Dr. Haighton used to relate the case of a boy, who would thrust pins into the

skin with little suffering. Acupuncture sometimes occasions little pain, even in the healthy.

To be born with an imperforate œsophagus, would seem to be a terrible calamity ; for what more terrible than the fate of Ugolino, especially when this is painted in the dark deep coloring of Dante, the Rembrandt of poetry. Physical evils, however, are, I suspect, oftener more intolerable in prospect than in sufferance. Nature, to make us bestir ourselves, threatens like a step-dame, but corrects like a tender mother. When the imperial clemency conceded the *arbitrium mortis*, the Roman nobles, if my memory serve, not uncommonly gave preference to death from hunger. For sixteen long days and more, a young infant may pine under the starvation of an imperforate gullet—sleeping, waking, weeping, wasting, greedy for the breast, grieved or angry when disappointed ; and yet, after all, to judge from the unaffected expressions of the feelings, it may be fairly doubted whether its sufferings from thirst and hunger exceed those produced by many of the smaller infant ailments ; and surely they will scarcely bear a comparison with those that result from the suffocating symptoms hereafter mentioned. Those who are placed in situations which expose them to starvation, ought to remain inert ; under these circumstances, the less wear of mind and body the better. When a town is besieged, I imagine that the daily consumption of food might be considerably diminished, if those, whose operations, mental or bodily, can contribute nothing to the defence, would imitate those fasting women, of whom the public

has at times heard so much, and lie vegetating on a sofa. According to the Italian poet, Count Ugolino, who, together with his children, perished from hunger in the tower of Pisa, after surviving all of them, died on the eighth day ; but infants, when famished by this disease, being in a state of comparative quietude, they may sometimes remain alive for two or three weeks, as I learn from a case related to me by Mr. Hallam, of Newington, who first drew my attention to this disease.

When the œsophagus is imperforate, all the pains of strangulation may be suffered every time the infant attempts to swallow. It takes the pap greedily, a small effort of deglutition follows, and then in a few seconds the countenance alters, and the placid look of infancy changes for that of distress and agitation ; and the breath is intercepted, and the face darkens, and the chest heaves, and the muscles quiver, and convulsions, followed by a dead quiet, ensue ; the child remaining in a state of asphyxia, till the very sight of it, as you watch returning life, shortens the breath with anxiety, and lengthens the seconds to minutes. At length you think it is all over, when, as you rise from the chair, a small struggle is perceived, and the food taken is emitted from the mouth, life and breath being again restored, to be again miserably interrupted, should the attempt be repeated. Infants thus treated suffer many deaths. Severer symptoms are not produced by strangulation with the rope. Food, therefore, or the breast, ought not to be offered when these violent symptoms result. Life might, perhaps, be prolonged, by injections into the bowels ; but the

mind at this tender age being wisely constituted, without the instinctive fear of dissolution—of no use to a being which cannot help itself—a few hours or days are not desired; and why should we attempt to add a little space to existence, and to prevent that death which nature uses as the only effectual remedy for the disease?

When, during swallowing, the food passes the pharynx or hinder cavity of the mouth, muscular action grasps the bolus, and, at the same time, closes all the passages, with the exception of the gullet, and, of course, the air-tube among the rest. Observe the rapidity with which the water, in large gulps, flashes along the œsophagus of the horse when drinking. When we are well, and full of appetite, deglutition, like winking, is accomplished with the same promptitude; and, therefore, the stay of the food in the pharynx being less than momentary, the closure of the passages is unattended with inconvenience. But with infants, in whom the œsophagus is imperforate, this is not the case; for, the food entering the pharynx, the rima glottidis becomes closed, and the bolus, involuntarily grasped on all sides by this muscular cavity, being propelled towards the œsophagus, where descent is prevented, the aliment remains in the pharynx, spasmodically detained, forming a sort of gag, till approaching death relaxes the muscles, opens the passages, suffering the food to escape, and the air to return to the lungs.

Ah! if our surgery could triumphantly interpose with one of its natural miracles—if the art which gives hearing to the deaf, and sight to the blind, and legs to the lame, and patent legs, too, could also help us here! but this

may not be. One case of this kind was dissected by Mr. Hallum; another in conjunction with him by myself; a third by Mr. Burrows, an excellent practitioner in the city; and, in all three of these, throughout the mediastinum to the extent of several inches, the œsophagus was unformed, or represented by a mere ligament, stretching from the closed extremity of the œsophagus to the orifice of the stomach. The trochar and canula, therefore, can be of no service. Death is the natural remedy. Infants, who die under this disease, are, I believe, frequently thought to perish from convulsions. As I know myself of three cases, I presume it is by no means uncommon. Van Swieten describes an affection called a swallowing of the tongue, in which suffocation is said to follow the attempt to swallow, in consequence of the tongue, too loose in the mouth, getting into the cavity of the pharynx, and lodging over the rima glottidis. Having never seen this disease, I feel inclined to think that Swieten may have been deceived by an imperforation of the œsophagus. Should swallowing of the tongue really occur—if the practitioner do not reach the infant till apparent death is produced, the tongue ought to be drawn down into place with the incurved shank of a spoon, or any other convenient instrument; and though the child have lain in a state of asphyxia for a good part of an hour. We ought not, therefore, in these cases to despair too soon.

III.

Opium in Dysenteric Cholera.

In the Edinburgh Medical and Surgical Journal for July, 1828, Mr. M'Kittrick has published some cases of what he calls Dysenteric Cholera, which were successfully treated, as he states, by unusually large doses of opium. The Journal in which these cases appear, has justly so high a reputation for the opinions it advances, and the practice it recommends, that the communications of its contributors deserve attention. A few of these cases follow.—Ed.

On the 23d of December last a family was recommended to the Holywood Dispensary, three inmates being reported very ill with bowel complaint, and one dead ten days before of the same disease.

A particular engagement prevented me from visiting them that day; but to obviate as much as possible the consequences of delay, I ordered the patients to be swathed in flannel, sent them twelve opium pills each, proportioning the size to their ages and the reported severity of their symptoms, and directing one to be used after every second evacuation.

Next morning at nine o'clock I visited them, when the mother of the family informed me that one child, 2 years and 10 months old, had been seized exactly three weeks before with violent vomiting and purging immediately after getting out of bed. The third stool she says was bloody. Vomiting continued more or less throughout the attack; but the appearance of the stools appeared to have changed on the fifth day

from bloody to a matter of various colors, and resembling pus, which continued till he died, on the twelfth day of the disease. She farther reported, that the child often had from ten to fifteen stools in an hour. Seven doses of castor oil had been given during the attack without any benefit.

CASE II.—R. M., 7½ years of age, was reported to have been seized seven days after the former with exactly the same symptoms, except that the vomiting was much less frequent. He had therefore been fourteen days ill when I saw him. The pulse was 108, the skin hot, the tongue moist, with a light yellow coating on the middle, and the edges of a scarlet color. Since the fourth day of his illness he had been unable to get out of bed. The tenesmus had been constant and most distressing from the very first; the evacuations scanty, of brownish-yellow and green appearance, and so frequent that it required almost constant attendance to supply and remove cloths. He was in the habit of being at times in bed with his brother who died, but did not sleep with him. He had taken since half-past two of the previous afternoon seven opium pills, each containing two grains. After the third pill he felt much easier, the tenesmus being greatly relieved. He sat up a little in bed for the first time on the morning on which I saw him, and ate a little bread. He was quite conscious when the evacuations were about to occur, which had not been the case for ten days before he took the pills. The pills were directed to be continued as before. Next day, namely, on the 26th, the symptoms went on improving. On the

29th, I was informed he had continued a great deal better till the day before ; when, after the pills had been finished for six hours, the tenesmus and the frequency of evacuations were much increased. But since getting another supply of pills in the evening, and using one after every stool for three times, and subsequently after every second, he became quite as well as before. From this time till the 4th of January nothing occurred worth mentioning. He had passed seven stools in the previous twenty-four hours, but his appetite and digestion were good, and his liveliness had returned. He slept well, and the pulse was under 90. I directed the pills to be continued ; and on the 12th he was free from complaint. This patient took 100 grains of opium during the treatment. The only other remedies were a blister on the belly, and an opium plaster applied to the blistered surface.

CASE IV.—J. M., 14 years of age, four days ill. The symptoms were similar to the others, except that there had not been any vomiting. He did not live in his father's house, but visited the family every morning since the commencement of their illness, and was sometimes in bed with the sick. When I first saw him, he had taken in the previous eighteen hours five opium pills of three grains each. He had then vomiting, probably arising from the pills taken that morning ; the tenesmus was gone, and the stools were diminished to one every four or five hours ; whereas, previously, his constant employment was going to the close-stool. I directed him not to use any more opium that day, unless the tenesmus returned. On the 28th he was quite

well. He had taken only one pill daily.

The disease subsequently attacked another child of the family, and also two people who were much in the house during its prevalence. The following is an abstract of the particulars of these cases.

CASE V.—S. J. M., 11 years of age, January 4, 1838, is reported to have complained of slight pain in the abdomen on the night of the 2d, which was greatly increased on the morning of the 3d. This pain, with tenesmus, but no evacuations, continued till half past 8, A.M., between which time and half past 9, six offensive stools were voided, the last bloody ; the pulse was 96. She complains of acute pain in the abdomen, between the umbilicus and pubis. I ordered eight grains of calomel, and a blister to the abdomen. Next day the pulse was 88. As soon as the calomel operated twice, vomiting occurred, and a three-grain opium pill was immediately used, which appeared to have checked the disease. She was very drowsy at the time I visited her. No further treatment was required.

CASE VI.—N. W., 26 years of age, lived in the neighborhood of the M. family, and was in the habit of remaining a considerable time in the house with them for some days previous to her attack. She had exactly the same symptoms, and was treated entirely by opium pills, and one twelve-grain dose of calomel at first. She got well in ten days.

CASE VII.—Samuel Pink, cousin to the M.s and residing within a short distance, sat for a great part of the night at the wake of the dead child on the bedside,

when the second case was confined. He says that a rumbling and gripes came on in his bowels early next morning, and were followed in a very short time by bloody offensive stools, similar to what have been described above. The same treatment was employed, and with the same success.

CASES VIII. IX. and X.—Three persons in one family, in the same neighborhood, the mother and two children, were also similarly affected. I treated them entirely by opium with the best effects, the third or fourth pill generally relieving the tenesmus. A child, 3 years of age, took the disease first in this family, and died on the fourteenth day without treatment.

8th January, 1827.—J. R., 28 years of age, a blacksmith, of very stout make, says he has been eight days ill with a most violent attack of bowel complaint, and he is now so weak, that when any attempt is made to raise him out of bed, he faints. Pulse 98, feeble; tongue thickly covered with a yellowish coat; excessive thirst; thirty or forty bloody evacuations in a day, producing an intolerable sense of burning; cramps and excruciating pains in the abdomen.

I could hold out very little hope of recovery to his anxious family; but having experienced better effects from opium than any other medicine in this disease, I encouraged them to give it a fair trial according to my directions; and commenced the treatment by administering a pill with four grains, which I had in my pocket. At 7, P.M., three hours afterwards, the messenger for more opium reports, that he is greatly relieved from pain, but that the stools continue as frequent as before.

I sent him thirty-two grains of opium in eight pills, directing one to be taken after every second motion.

9th, 7, P.M.—Tenesmus nearly gone; ideas somewhat confused, (probably from the opium;) pills all finished four hours ago; eight stools since, and he feels himself generally worse from the want of them. I then ordered thirty-five grains of opium in seven pills, to be used as before.

10th, 10, A.M.—Two pills only remaining. Ideas more clear; spent three hours without any stool; feels considerably stronger. I now ordered him thirty grains of opium in ten pills, to be taken as before.

11th, 6, P.M.—Only three pills remaining. No confused ideas; pulse 90; tongue loaded; takes some soup; one stool every second hour, and he has still a little pain of the abdomen. I directed the opium to be continued as before in pills of five grains each.

18th, 8, P.M.—Five motions since yesterday morning; only two to-day; and he has taken only one pill. I directed the opium to be continued as before.

18th, 5, P.M.—For three days has had four motions, each twenty-four hours, and has taken only one pill daily. Has been a short time out of bed each day; tongue clean, and he has a good appetite. To prevent relapse, I ordered thirty grains of opium in six pills, to be used occasionally till the bowels became quite settled and natural.

22d.—He feels quite well; and there remains much less weakness than might be expected. 146 grains of opium were used from the 9th till the morning of the 18th of January.

IV.

Pathological Remarks on the Secondary Effects of Inflammation of Veins. Read before the London Medico-Chirurgical Society.

By MR. ARNOTT.

MR. ARNOTT began by remarking upon the obscurity involving the symptoms attendant on inflammation of veins, as well as the difficulty of accounting for the formation of matter in distant parts, occasionally following injuries.

In three cases of inflammation of veins which had fallen under his care, Mr. A. found in one a deposition of pus, without any sign of previous inflammation, under the skin of the forearm on the opposite side; in another, destructive inflammation of the knee-joint, with pus in the cellular texture of the thigh; while in none of the three did the inflammation of the vein extend to the heart. These cases led him to examine the opinions advanced by different writers of repute on this subject, and the doctrines of Mr. Hunter, Mr. Abernethy, Mr. Hodgson, Mr. Travers, Mr. Carmichael, MM. Breschet, Ribes, &c. &c. were severally adverted to; the result of which examination was, that even those explanations of the phenomena which possess most veri-similitude, rest on uncertain grounds; a circumstance which Mr. Arnott thinks attributable rather to the subject not having received sufficient consideration than to the absence of sufficient data on which to form correct opinions. In conformity with this view, he proceeded to detail succinctly a number of cases where death had resulted from phlebitis, and drew various conclusions from these. The first

was, that there is no evidence of the inflammation of the vein extending to the heart. In ten cases which resulted from venesection, the vena cava was not affected, still less the heart; and in half of them the inflammation had not even extended to the axillary vein; and as the cases sometimes prove fatal where but a small portion only is inflamed, it would appear that there is no direct relation between the degree of danger and the extent of vein inflamed.

The next question is, whether the secondary affection depends on pus entering into the circulation. On referring, for this purpose, to the cases on record, Mr. Arnott found that, in fourteen out of seventeen cases, pus, either alone or with lymph, was found in the vessel after death: in one case only was neither pus nor lymph found. From this, it would appear probable that the entrance of pus into the circulation, is a principal, but not the sole cause of the secondary affection. The early appearance of the symptoms, in some cases, is scarcely compatible with the time required for the formation of pus, and therefore it is most likely that, if the secondary effects result from the passage of any fluid into the blood, it is of inflammatory secretions generally, and not of pus alone. According to the observations of Mr. Arnott, the inflammation of the vein usually terminates where some other vessel joins that which is inflamed. He first noticed this in a horse which was affected with phlebitis from bleeding, and in which the inflammation of the jugular suddenly stopped at the point where a small vein entered it. Soon after, in examining the body of a man who had had

phlebitis, he found the inflammation of the femoral vein extended along the external iliac, to the point where the internal iliac joined it; and in a case of inflammation of the left spermatic vein, the diseased appearances extended through the emulgent vein, but ceased abruptly where this entered the cava. Mr. A. went on to show that facts in confirmation of this general idea had been incidentally mentioned by several of those who have recorded cases of phlebitis. The author next described the symptoms of phlebitis, and stated the periods at which death took place in a certain number of recorded cases. On examining the bodies of those who die, the following are the appearances which most frequently present themselves:—Effusions into the chest of a sero-purulent character, and the general sequelæ of active inflammation; but especially purulent depositions, either infiltrated, or as distinct abscesses. The same appearances occasionally manifest themselves in the cellular substance of different parts of the body, or in some of the parts in the eye; in some instances these phenomena have been found within the cranium. The disease of the joints, in one case which was detailed, consisted of violent inflammation of the synovial membrane, with ulceration of the cartilages and baring of the bones. Mr. Arnott pointed out the great resemblance between the train of symptoms marking the secondary symptoms in phlebitis and those which arise from the inoculation of poisons. There is in both a local affection, which is frequently very inconsiderable; and to this succeeds great constitutional disturbance, followed by

inflammation of a peculiar and severe character in different parts of the body. The resemblance, which, in a general point of view, is sufficiently obvious, is nevertheless particularly striking with regard to the phenomena attending wounds received in dissection. There are in both a train of symptoms nearly similar, succeeded by the development of inflammation at distant points, and this also attacking nearly similar parts in both. Mr. Arnott illustrated this by a reference to several cases of death from injury received in dissection.

The fact that purulent matter is sometimes found without any signs of previous inflammation, has been long known, and has been called abscess by metastasis, it having been imagined that the pus was taken up and deposited ready formed in some other place. Mr. Cheston, in his *Pathological Observations*, (1766,) particularly alludes to this phenomenon, and expressly says that the matter is rather disseminated through the viscus than collected into an abscess. Mr. Hunter denied the possibility of purulent matter being translated from one part to another; but it was maintained in Italy by Monteggia, who describes the serous membranes of the great cavities as particularly obnoxious to the action of absorbed matters, which, he adds, also produce abscess in particular viscera, especially the liver and lungs. More recently, attention has been directed to the subject by Mr. Guthrie, Mr. Bell, M. Velpeau, and Mr. Rose. Mr. Arnott argues, that as all the evils above enumerated have been known to follow the puncture, division, or ligature of a vein, it is probable that, when

they have succeeded to a more extensive injury, they have still in reality owed their origin to the same cause—namely, inflammation of one or more veins. But to confirm this we ought, on the one hand, to find inflammation of the veins where the consequences alluded to have followed injuries; and, on the other hand, we ought to find similar secondary consequences under circumstances in which it is known that inflammation of veins is a frequent pathological condition—as, after parturition. Mr. A. then proceeded to show that such was the case. He first detailed four instances in which secondary affections of the viscera occurred after injuries of the extremities, complicated with inflammation of the veins of the wounded limb. In injuries of the head, secondary affections of the viscera of the chest and abdomen have long been observed; and Desault, who has particularly noticed the formation of abscess in the liver under such circumstances, attributed the phenomena to concussion of the brain—an idea adopted by others, but which was founded merely on conjecture. The author of the paper here referred to thirty-two cases in which affections of the thoracic and abdominal viscera succeeded to injuries of the head. The Secretary did not read these, but proceeded to the general summary, which was, that the injury of the head in these cases consisted, in twenty-two, of fracture, which in all was compound (except one, with regard to which the circumstance is not stated); in ten there was no fracture, but in every instance there was wound of the soft parts. The wound of the soft part was the only circum-

stance common to all the thirty-two cases. The phenomena attending the formation of these visceral affections were so similar to those succeeding wounds of other parts, that Mr. A. thinks it fair to attribute them to the same cause.

Mr. Arnott next proceeded to remark, that inflammation of the veins was common after parturition, and quoted several cases to show that there was visceral affection under such circumstances, although it had not been much attended to. He next adverted to the affection of the joints, and mentioned several cases in which it had been distinctly connected with inflammation of the veins, particularly in a patient who died a short time ago, in Middlesex Hospital, with disease of the left knee and right shoulder joints, and collections of matter over the scapula and sacrum; and in which the author, in consequence of the similarity to other cases, anticipated the existence of inflamed veins, and confirmed his opinion by examining the limb, when he found the femoral vein in a state of inflammation—a preparation of which was exhibited. The author next spoke of a severe affection of the joints as occurring in parturient women, and mentioned various authorities in corroboration; detailing at length an interesting case communicated to him by Dr. Lee.

In order to extend the analogy, and endeavoring to draw the connexion between these cases still closer, Mr. Arnott next alluded to the occurrence in the parturient state of a disease of the eye, similar to that which had occurred in two cases of phlebitis—one treated by Mr. Earle, and the other a patient in whom Mr.

Wardrop had tied the carotid artery with the effect of obliterating the jugular vein. This disease of the eye after delivery, it will be remembered, was made the subject of a paper published by Dr. M. Hall and Mr. Higgenbottom, in the Transactions of the Medico Society, about two or three years ago.

The general conclusion at which Mr. Arnott arrived at the termination of his paper was, that the abscesses and inflammations which take place in remote situations, after injuries of the extremities of the head, or after parturition, are dependent on the existence of phlebitis in the part originally affected. He does not regard the diseased action as one consisting in a mere metastasis, or change of situation in absorbed matter—but that the secondary local affections derive their peculiar characters from a change induced in the blood by its admixture with the pus or other inflammatory secretions from the vein.

V.

SELECTIONS FROM FOREIGN JOURNALS.

Convulsions cured by Ligature.

A GIRL, between thirteen and fourteen years old, not having menstruated, had been subject for four or five months, without any known cause, to periodical attacks of convulsions. They began by acute pains in the extremity of the ring finger of the left hand, and which were succeeded by a feeling resembling the *Aura Epileptica* through the whole arm. The patient next lost her recollection, fell down, and had convulsions more or less violent, which left her in a state of great ex-

haustion, so that she recollected nothing that had happened. These attacks, which took place monthly, appearing to the physician to depend upon the want of menstruation, he directed his treatment accordingly; but at the same time he recommended a ligature to be placed round the finger in which the attack began, and by this means suspended the accession. The next day the same pain was felt, and the ligature was again applied; but, whether this was done too late, or was not sufficiently tight, the fit came on then. A fresh ligature was placed above the wrist, and the attack was cut short.

The patient, encouraged by this success, made use of this means whenever she felt the pain in her finger, and by so doing preserved herself from these attacks for several successive days, till the menstrual discharge appeared, and saved her from the risk of a relapse.

Amputations of the Uterus.

Since the last communication made by M. Lisfranc to the Academy of Medicine, he has performed seven amputations of the neck of the uterus. Of these seven patients, four are completely cured, and enjoy good health; two are under cure; and one is dead, in consequence of an attack of peritonitis, which followed the operation. He particularly mentions this fact, since it is the first instance of a patient dying of an affection of this kind; and the peritoneum could not in any way have been injured in the performance of the operation. M. Lisfranc has performed his forty-third amputation of the neck of the uterus, and has had only four unsuccessful cases.—*La Clinique.*

Attempt to cure Hydrocele by the Insertion of a Solution of Nitrate of Potash.

M. Dupuytren, having observed that a solution of nitrate of potass was

readily taken up by serous surfaces, attempted to promote the absorption of the fluid in the tunica vaginalis, by mixing with it a solution of eighteen grains of nitrate of potass in water: an equal quantity of the vaginal fluid was withdrawn, to make room for the nitrous solution. The experiment did not succeed. Inflammation was excited, which formed no part of the intention of the operator; who, in answer to a question whether he expected a cure to be effected by adhesion of the vaginal coat to the testicle, replied in the negative; for nothing would be gained by employing new means of causing adhesive inflammation, inasmuch as we already possessed an effectual remedy in wine and water.

The production of inflammation in this case having been ascribed to the use of too large a dose of the salt, the experiment was repeated on one of M. Sanson's patients, with nine grains only. A month has elapsed without the slightest diminution in the tumor, excepting such as might be accounted for by the occasional oozing of fluid through the orifice.—*Lon. Med. and Phys. Jour.*

Emphysema following Labor.

A young woman, of irritable temperament, was seized with peripneumony at the beginning of the eighth month of pregnancy. On the seventh day labor came on, and for more than four hours the pains were sharp. A little time after, an emphysematous tumor made its appearance at the upper part of the chest. A practitioner having been called in, found the patient in the following state: The head was of enormous size; the face and neck purple, and considerably swelled; the chest and limbs greatly exceeded their natural dimensions, and the swelling every where presented the characters of emphysema. The oppression was so great that suffocation seemed impending. A large bleeding from the

arm was practised, and repeated in four hours; after which, the breathing was less laborious; at the same time the emphysema diminished, the head and face regaining their ordinary size and color; but even then the patient could not lie on either side. As there was no lochial discharge, and the abdomen was very tender, eight leeches were applied to the vulva, and several bleedings from the arm had recourse to. The oppression is stated to have diminished under the use of these remedies, but the patient was much reduced; the tongue dry, the pulse frequent and small; the neck tumified to such an extent that the skin covering it was on a level with the face. A large sinapism was applied to the chest, and the tumified parts were covered with compresses dipped in aromatic wine. On the thirteenth day from the delivery, the state of the patient was rather more favorable; but, as the abdomen was still tender, the leeches were repeated; at the same time some soup and spoonful of wine were administered. From this time the emphysema gradually disappeared, and the patient recovered.

WEEKLY REPORT OF DEATHS IN BOSTON,

Ending Jan. 10, at noon.

Jan. 1.	Thomas Utley,	5
	Jeremiah Hill,	25
3.	Susan Palmer,	51
	Samuel Weeks,	25
	Nancy Cotton,	45
4.	Charles Henley,	2 1-2
	Sarah Fog,	2
5.	Mary W. Greenleaf,	28
	Sarah Ann Newell,	45
6.	James Riley,	6 d.
7.	George Derby,	28 yrs.
	Mary Finley,	77
	Philipna M. Fenno,	95
8.	John Roberts,	8 mo.
9.	Mary Green,	39 yrs.
10.	Mary Davis,	35

Consumption, 2—croup, 3—childbed, 1—convulsions, 1—dropsy on the brain, 1—drowned, 1—debility, 1—old age, 2—typhous fever, 1—unknown, 3. Males, 7—females, 9. Total, 16.

ADVERTISEMENTS.

MEDICAL SCHOOL OF MAINE
AT BOWDOIN COLLEGE.

THE Annual Course of Lectures at the Medical School of Maine, will commence at Brunswick on Tuesday, February 14, 1829, and will continue three months.

Theory and Practice of Physic, by JOHN DELAMATTER, M.D., Prof. of Surgery Western Col. Phys. and Surg. N. York. Chemistry and Materia Medica, PARKER CLEVELAND, M.D.

Anatomy and Surgery, JOHN D. WELLS, M.D.

Obstetrics, JAMES MCKEAN, M.D.

Degrees are conferred, after the usual examination, at the close of the Lectures, and at the annual commencement in September.

The Library and Cabinet have received considerable additions, and the Lecture-Rooms have been enlarged, since the last course of Lectures. 4t.

Brunswick, Jan. 1, 1829.

SURGICAL INSTRUMENTS.

DAVID & JOHN HENSHAW & Co. No. 33, India Street, near the head of Central Wharf, have for sale a very extensive assortment of Surgical Instruments. Gentlemen wishing to purchase will find it to their advantage to call and examine them.

Oct. 14.

6mo.

MANUEL FOR THE USE OF
THE STETHOSCOPE.

JUST published by Benjamin Perkins, & Co.,—MANUEL FOR THE USE OF THE STETHOSCOPE, being a short Treatise on investigating Diseases of the Chest. From the French of M. Collin, with an Introduction and Plates. By a Fellow of the Mass. Med. Soc.

The Stethoscope may also be obtained as above in the most approved form.

ep3w

Jan. 20.

NATHAN JARVIS,

Druggist and Apothecary,

HAS taken the Apothecaries' Hall, No. 188, Washington Street (lately kept by Messrs. Wm. B. & Henry White.)

His stock of Drugs and Medicines is complete and genuine. Physicians and others are assured that their orders, prescriptions, &c. will meet with prompt and strict personal attention.

The old friends of this establishment are requested to continue their patronage.

EUROPEAN LEECHES.

CHARLES WHITE, No. 269 Washington St., Corner of Winter St., has received a supply of GERMAN and PORTUGUESE LEECHES.

PRIZE DISSERTATION

On the Effects of Spirituous Liquors.

AT the Annual Meeting of the Massachusetts Medical Society in 1827, the following resolution was adopted:—

“Resolved, That this Society will use the skill of its members in ascertaining the best mode of preventing and curing the habit of intemperance, and that for this purpose a premium of FIFTY DOLLARS shall be offered for the best Dissertation on the subject; which after being approved by the Counsellors shall be read at the next annual meeting of the Society, and afterwards printed; and that the authors be requested to point out the circumstances in which the abandonment of the habitual use of stimulating drinks is dangerous; and also to investigate the effect of the use of wine and ardent spirits on the different organs and textures of the human body.”

In consequence of this resolution two dissertations were presented; but not being sent within the time specified, they could not be examined.

At the Annual Meeting of the Society in 1828, it was voted to renew the offer of the premium on the same conditions, and the undersigned were chosen to receive and examine the dissertations.

The dissertations presented for the premiums may be left at the office of Mr. John Cotton, Bookseller, Boston, or sent to the Chairman of the Committee; on or before the 15th day of April, 1829.

JOHN C. WARREN, }
ZABDIEL B. ADAMS, } Committee.
JOHN WARE, }

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